

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	STATUS
HEMATOLOGY I					
HEMOGLOBIN	150		135 - 175	g/L	F
HEMATOCRIT	0.44		0.40 - 0.50	L/L	F
WHITE BLOOD CELL COUNT	5.2		4.0 - 11.0	x E9/L	F
RED BLOOD CELL COUNT	5.02		4.50 - 6.00	x E12/L	F
MCV	88.2		80.0 - 100.0	fL	F
MCH	29.9		27.5 - 33.0	pg	F
MCHC	339		305 - 360	g/L	F
RDW	13.5		11.5 - 14.5	%	F
PLATELET COUNT	251		150-400	x E9/L	F
HEMATOLOGY II					
ABSOLUTE: NEUTS	2.9		2.0 - 7.5	x E9/L	F
(A) LYMPH	1.8		1.0 - 3.5	x E9/L	F
(A) MONO	0.4		0.2 - 1.0	x E9/L	F
(A) EOS	0.1		0.0 - 0.5	x E9/L	F
(A) BASO	0.0		0.0 - 0.2	x E9/L	F
ROUTINE CHEMISTRY I					
HbA1C	0.048		<0.060		F

Note:

Application: Result: CDA 2013 Guidelines:

Screening <0.060 Normal
and Diagnosis

Monitoring <0.070 Target in adults
without comorbidities.
Other targets may be
more appropriate in
children, elderly and
patients with
comorbidities.

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Note: -----					
Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.					
CREATININE	80		62 - 115	umol/L	F
eGFR	93				F
Note: > or = 90 mL/min/1.73 m2					
For patients of African descent, the reported eGFR must be multiplied by a correction factor of 1.21.					
SODIUM	139		135 - 147	mmol/L	F
POTASSIUM	3.9		3.5 - 5.5	mmol/L	F
ALANINE TRANSAMINASE (ALT)	40		12 - 49	U/L	F
CARDIOVASCULAR RISK ASSESSMENT -----					
HOURS FASTING	14			Hours	F
TRIGLYCERIDES	1.53			mmol/L	F
CHOLESTEROL	5.60			mmol/L	F
HDL CHOLESTEROL	1.38			mmol/L	F
CHOLESTEROL/HDL RATIO	4.1				F
Note: Cholesterol/HDL-C is not included in the 2012 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0					
LDL CHOLESTEROL (CALCULATED)	3.52			mmol/L	F
Note: Consider the non HDL-C value as an alternate lipid target if monitoring treatment in intermediate or high risk patients.					
NON HDL CHOLESTEROL	4.22			mmol/L	F
Note: Non HDL-Cholesterol is calculated from Total Cholesterol and HDL-c and is not affected by					

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Note: the fasting status of the patient.

LIPID TARGET VALUES

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Note: Lipid Target Values should be based on patient 10 year CVD risk assessment. 2012 revised treatment goals include:

High or Intermediate CVD risk

 Primary LDL-C < or = 2.0 mmol/L OR
 Tx target > or = 50% decrease in LDL-C

Alternate Non HDL-C < or = 2.6 mmol/L OR
 Tx target ApoB < or = 0.8 g/L

Low CVD risk

 Primary > or = 50% decrease in LDL-C
 Tx target

HS-CRP	1.0			mg/L	F
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Note: hsCRP is considered a valuable risk stratification measurement in females >60 years and males >50 years. Values >2.0 mg/L in these patients warrant further investigation. Refer to the CCS 2012 guideline for revised hsCRP CVD risk criteria.

SPECIAL CHEMISTRY I

TESTOSTERONE	8.4		8.4 - 28.8	nmol/L	F
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Note: Total Testosterone levels may not reflect the biologically-active testosterone when SHBG levels are abnormal.

SPECIAL CHEMISTRY II

THYROTROPIN (SENSITIVE TSH)	2.27		0.30 - 4.00	mIU/L	F
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TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	STATUS
FREE TRIIODOTHYRONINE	4.7		3.5 - 6.5	pmol/L	F
FREE THYROXINE (FREE T4)	15		9 - 23	pmol/L	F
DHEA-S	10.8		< 15.0	umol/L	F
TESTOSTERONE-FREE	203		196-636	pmol/L	F

Note: Interpret free testosterone results with caution in presence of significant hypoalbuminemia.

Please note change from measured analog method to calculated free testosterone method as of February 23, 2015. Reference intervals adjusted. Results expected to increase 8-10 fold.

CHEMISTRY

FERRITIN	314		22 - 322	ug/L	F
INSULIN:FASTING	59		20 - 180	pmol/L	F

Note: Insulin levels vary considerably and must be interpreted in relation to the serum/plasma glucose.

TOTAL PROLACTIN	7		2 - 18	ug/L	F
FOLLITROPIN (FSH)	5		2 - 8	IU/L	F
LUTROPIN (LH)	3		2 - 6	IU/L	F
ESTRADIOL-17 BETA	77		< 150	pmol/L	F

CORTISOL

CORTISOL	322			nmol/L	F
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Note: AM: 170-720 nmol/L
PM: up to one-half of patient's AM value.

DATE:	24-FEB-2015				F
TIME:	11:35				F

BIOCHEMISTRY

TOTAL PSA	0.37		< 4.0	ug/L	F
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Note: Total PSA is assayed using Roche Cobas.

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Note: Results should not be interpreted in isolation as absolute evidence of the presence or absence of malignant disease. All clinical and diagnostic information must be considered. Changes in serial levels may be misleading unless all Total PSA tests are performed by the same laboratory.

25-HYDROXY VITAMIN D	41	LO	75 - 250	nmol/L	
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Note: Season, race and dietary intake affect 25-Hydroxy Vitamin D levels. Highest levels are found in the summer months and lowest levels during the winter.

25 - 74 nmol/L: Vitamin D Insufficient

DIHYDROTESTOSTERONE	2597		860 - 3406	pmol/L	
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Note: This test was referred to London Laboratory Services Group, Victoria Hospital
800 Commissioners Rd E., London, ON, N6A 5W9

2597

2597

Result Status:

F - Final results; Can only be changed with a corrected result